

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Douglas M. Carson

Application No.: 10/779,437

Filed: 02/13/04

For: IDENTIFIER TAG TO TRACK LAYERS IN A MULTI-LAYER OPTICAL DISC

CERTIFICATE OF EFS SUBMISSION (37 C.F.R. § 1.8(a)(1)(C))

I hereby certify that on March 2, 2009 the following correspondence:

Name of Paper: Response to Office Action and transmittal


Number of Pages: 13

Fees: Extension of Time

Amount: \$1,110.00

Payment By: Credit Card

is being submitted to the Patent and Trademark Office via the Office Electronic Filing System in accordance with § 1.6(a)(4) at _____ local time.



Signature

Telephone Number: 405-232-0621 _____

Diana C. Anderson

Type or print name of person certifying

NOTE: *It is advisable to keep a copy of certification of EFS-Web transmission § 1.8), including the list of papers submitted, to establish the local time of the submissions if such evidence is needed*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Douglas M. Carson**
 Application No.: **10/779,437** Group No.: **2627**
 Filed: **02/13/2004** Examiner: **Henok G. Heyi**
 For: **IDENTIFIER TAG TO TRACK LAYERS IN A MULTI-LAYER OPTICAL DISC**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:
Fee: \$1,110.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)		(Col. 3)		OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDIT. FEE		
TOTAL	30	—	31	=	0	x \$ 52.00	=	\$	0.00
INDEP.	4	—	4	=	0	x \$ 220.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 0.00	=	\$	0.00
						TOTAL ADDIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

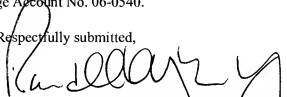
5. Authorization is hereby made to charge the amount of \$1,110.00 to Credit card as shown on the attached electronic credit card information authorization.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account 06-0540.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

Respectfully submitted,



Date: _____

3/2/09

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